



**APPLICATION FOR RETIREMENT CREDIT FOR A PERIOD OF TEMPORARY
DISABILITY UNDER A WORKERS' COMPENSATION PROGRAM**

Any TCRS member who receives a temporary disability benefit from the division of Claims Administration or under a workers' compensation program shall be entitled to establish retirement credit for this period of absence from service. To establish this credit the member is required to make a lump sum payment of the contributions that would normally have been made during the period of absence, plus interest. *Employees of a participating local government may establish credit for periods of temporary disability only if the local government has passed a resolution authorizing such service.*

No member shall be granted retirement credit in excess of one (1) year per occurrence of temporary disability.

Part I: To Be Completed By Employee:

I, _____, _____, residing at
Employee's Name Social Security Number

Street Address

City

State

Zip Code

hereby claim retirement credit for a period of time which I was receiving benefits from a workers' compensation plan during a period of temporary disability beginning approximately _____ and continuing through _____ as an employee of _____.

Name of Employer

Signature of Employee

Date

A description of the nature, extent, and date of the temporary disability must accompany this form.

Part II: To Be Completed By the Employer During the Period of Temporary Disability

I hereby certify that, according to official records of _____, the
Name of Employer

above named employee was receiving benefits from a workers' compensation program for a period of temporary disability beginning on _____ and continuing through _____ with an annual salary immediately prior to the leave equaling \$_____.

Signature of Department Head or Official

Title